

***RYAN WHITE PART A PROGRAM
SERVING THE MIDDLESEX, SOMERSET, HUNTERDON
TRANSITIONAL GRANT AREA***

Ambulatory Medical Care Service Standards

Ryan White HIV/AIDS Treatment Extension Act of 2009

Approved November 2018

Prepared by

**Service Standards & Integrated Care Plan Committee
Middlesex-Hunterdon-Somerset HIV/AIDS Health Services Planning Council**

Ambulatory Medical Care is the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with HHS guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Allowable Services Include

- Diagnostic testing
- Early intervention and risk assessment
- Preventive care and screening
- Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions
- Prescribing and managing of medication therapy
- Education and counseling on health issues
- Well-baby care
- Continuing care and management of chronic conditions
- Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic services and optometric services)

Ambulatory Medical Care includes the provision of laboratory tests integral to the treatment of HIV infection and related complications

Ambulatory medical care for the Middlesex, Somerset, Hunterdon TGA includes the above definition of medical care, but also consists of:

- Referrals to other social service agencies
- Education on risk reduction for themselves and to prevent disease transmission to others.
- Assessing, promoting and educating patients on medication adherence

Sources:

US Dept. of Health and Human Services, Health Resources and Services Administration, (HRSA), HIV/AIDS Bureau (HAB) 2009 Ryan White HIV/AIDS Treatment Modernization Act of 2009.

Guide for HIV/AIDS Clinical Care, U.S. Department of Health and Human Services Health Resources and Services Administration(HRSA), HIV/AIDS Bureau (HAB) 2016.

Agency Service Standards (Ambulatory Medical Care)

Table 1. Agency Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.1	Definition of services	Agency has description of services on file.	100% of agencies will define services they provide
1.2	Licensure	Agency has current licenses on file from appropriate licensing agency.	100% of agencies are licensed and accredited by appropriate state/federal agencies
1.3	Hours of operation	Agency has documentation of operating hours on file.	Staff is available to answer incoming calls during agency's normal operating hours If client calls outside operating hours, staff will respond within one business day or the first business day after a weekend or holiday
1.4	Emergency services	Agency has policy on file outlining emergency service procedures related to the service they provide.	100% of agencies will have policies in place to handle emergencies/crises that occur both during and outside of normal operating hours
1.5	Special service needs	Agency complies with Americans Disabilities Act (ADA).	100% of agencies have policies to respond to special needs clients
1.6	Cultural/Linguistic diversity	Agency has written policy on file including process for language translation.	100% of agencies have policies in place for responding to cultural and linguistic diversity (including translation services)
1.7	Referrals	Agency has written referral policy on file.	100% of agencies will have a referral process for care of HIV related problems outside of their direct service area
1.8	Linkages	Agency has written policy for establishing linkages and record of linkages on file.	100% of agencies will develop and maintain linkages with primary health care, support and other service providers

1.9	Provider communication	Agency has written policies on file that allow for communication between different programs. Documentation of consent is required	100% of providers document communication regarding patient care (HRSA funded services and others.)
1.10	Policies and procedures	Agency has written staff policies on file.	100% of agencies have written policies for staff which include (but are not limited to): <ul style="list-style-type: none"> • Agency policy and procedures • Agency has a description of the Ryan White Treatment Extension Act of 2009 • Standards of professional behavior • Compliance with the Health Insurance Portability and Accountability Act [PL 104-191] • Client confidentiality • Release of information • Communication about agency issues • Health and safety procedures including universal precautions
1.11	Grievance Policy	Agency has grievance policy on file and available to clients	100% of agencies have grievance policies and procedures available to clients.
1.12	Staff evaluation	Agencies have procedures in place to evaluate staff.	100% of agencies have evaluation procedures on file 100% of agency staff has a working knowledge of evaluation procedures 100% of agency staff receive an annual performance evaluation
1.13	Quality management	Agencies have procedures in place to evaluate the quality and effectiveness of services on an ongoing basis.	100% of agency has written procedures on file to evaluate services

			Agency participates fully in TGA Quality Management activities including data and chart review processes.
1.14	CAREWare data collection	<p>Monthly reports are sent to grantee and are available on request.</p> <p>CAREWare is used to ensure data is collected in a uniform manner</p>	100% of agencies regularly update client information, needs assessment, client progress and care and client referrals and other services provided and share monthly reports with grantee
1.15	Planning Council attendance	Agency representatives must attend monthly Planning Council meeting	Agency must attend 75% of monthly Planning Council meetings
1.16	Engagement in prevention activities	<p>Agency must engage in activities to promote prevention including any combination of the following:</p> <p>Memorandum of Understanding (MOU) with counseling and testing sites, referral policies for PrEp and Prevention programs,</p> <p>referral policy that includes follow up for consumers who do not meet program engagement criteria</p>	Agency must engage in at least one collaborative relationship evidenced through MOU to ensure linkage to prevention programs

Staff Service Standards (Ambulatory Medical Care)

Table 2. Staff Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
2.1	Staff hiring	All staff will have necessary skills and experience determined by <ul style="list-style-type: none"> • Written application • Resume • References • Personal interview 	100% of personnel files include documentation of an application, resume, and communication with personal references
2.2(a)	Staff qualifications	All staff have a diploma, certificate or license (if appropriate) or experience documented in personnel file	100% of staff possesses a diploma/GED or the required experience documented in personnel file
2.2 (b)	Staff qualifications Peer Navigator	A member of the peer community living with HIV/AIDS with a high school diploma or GED, plus two years of social service experience. Peer must demonstrate understanding of HIV services and healthcare service navigation.	100% of staff possesses a diploma/GED with the required experience documented in personnel file
2.3	Staff job descriptions	All staff will be given a written job description. The job description includes definition of services	100% of staff has job description and service standard documented in personnel file
2.4	Staff training	All staff are trained and knowledgeable on: <ul style="list-style-type: none"> • HIV/AIDS and the affected community including disease process, co-morbidities and psychosocial effects of the disease. • Cultural sensitivity. • Entitlement programs, benefits to clients, and community resources/support services • Client confidentiality, client rights, agency grievance procedures 	100% of personnel files have documented training

2.5	Staff continuing education	<p>All staff has the opportunity to take advantage of continuing education training that is available and appropriate.</p> <p>Staff attends at least one in-service or specialized training a year on topics related to their position.</p>	100% of personnel files have documented training
2.6 (a)	Staff supervision	<p>All supervisors are knowledgeable about RW HIV services and procedures including fiscal and program</p> <p>All staff will receive (at minimum) one hour supervision per week to develop skills</p>	<p>100% of supervisors are knowledgeable about the RW program</p> <p>Supervision is documented in personnel file</p>
2.6 (b)	Staff supervision Peer Navigator	All peer navigators will receive (at minimum) one hour supervision per week to include patient case conference, peer navigator job performance, and skill development.	Supervision is documented in personnel file
2.7	Policies and procedures	Signed form is documented in personnel file.	100% of staff agrees to follow agency policies and procedures
2.8	Staff evaluation	Staff evaluations are documented in personnel files.	100% of staff is evaluated on their performance annually
2.9	Documentation	All staff will keep written documents of contact with clients in accordance with RW data collection procedures	100% of all contacts are documented in client files

Client Service Standards (Ambulatory Medical Care)

Table 3. Client Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
3.1	Initial assessment	New clients receive an initial health assessment in accordance with the DHHS Guidelines	85% of Ryan White consumer files include an initial health assessment
3.2	Physical examination	<p>Clients who are viral load suppressed receive a comprehensive physical examination at least 1x a year (USPHS Guidelines for the Use of Antiretroviral Agents in HIV+ Infected Adults and Adolescents)</p> <p>Clients who are not viral load suppressed receive a comprehensive physical examination at least 3x a year (USPHS Guidelines for the Use of Antiretroviral Agents in HIV+ Infected Adults and Adolescents)</p> <p>Physical examination for newly diagnosed clients includes:</p> <ul style="list-style-type: none"> ● initial exam ● 6-week follow up ● review of medical history ● education/social/family history <p>Clients receive behavioral health screenings including depression screening, substance use disorder screening, and intimate partner violence.</p>	<p>85% of Ryan White consumers will have visits consistent with the current public health guidelines</p> <p>85% of consumers should have a depression screening.</p> <p>85% of consumers are screened for substance use disorders at least annually</p> <p>85% of consumers are screened for intimate partner violence</p>
3.3	Baseline laboratory testing	<p>Clients receive laboratory tests in accordance with the DHHS Guidelines</p> <ul style="list-style-type: none"> ● Serological assay for HIV ● CD4 counts ● Plasma HIV RNA levels ● HIV resistance testing 	85% of Ryan White consumers will have laboratory testing consistent with public health guidelines

		<ul style="list-style-type: none"> • Complete blood counts and chemistry panel • Glucose 6 phosphate dehydrogenase • Fasting lipid profile • HLA B*5701 screening • Urinalysis and creatinine clearance • Coinfection and comorbidity TB screening • Toxoplasma gondii screening • Viral hepatitis screening • Syphilis screening • Other STD screening • Cervical cancer screening • Anal HPV screening - dysplasia • Cryptococcal antigen <p>(patients should be provided immunization counseling)</p>	
	Bi-annual viral load	<p>Clients receive laboratory tests in accordance with the DHHS Guidelines</p> <ul style="list-style-type: none"> • HIV viral load (2x a year) • CD4 counts • Fasting lipid profile • Complete blood counts and chemistry panel • Urinalysis and creatinine clearance • Syphilis screening • Other STD screening 	85% of Ryan White consumers will have laboratory testing consistent with public health guidelines
	Women's annual screening	Cervical cancer screening must establish baseline and if normal continue to screen every 3 years	85% of female client files document cervical cancer screening
3.4	Initiating antiretroviral therapy	The decision to start antiretroviral treatment is made according to the DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and	85% of Ryan White consumers files have documentation of highly active antiretroviral therapy (HAART) initiated

		Adolescents and will be updated with each guideline revision.	
3.5	Documentation of ongoing antiretroviral therapy	All antiretroviral medications that have been prescribed are documented in the patient's permanent records.	85% of Ryan White consumers have antiretroviral therapy documented
3.6	Resistance to antiretroviral drugs	Test for resistance to antiretroviral drugs are done according to the USPHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents.	85% of patient files have documented test results
3.7	Monitoring antiretroviral therapy	Monitoring antiretroviral therapy is done according to the DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents.	85% of patient's file have monitoring of antiretroviral therapy is documented
3.8	Medication Adherence	Patients should be educated on antiretroviral therapy and medication adherence issues.	85% of patient files have education and counseling documented in file.
3.9	Prevention and HIV risk reduction	<p>Patients should be educated and counseled on prevention issues including</p> <ul style="list-style-type: none"> • Knowledge and understanding of HIV and transmission of the virus • Patient's transmission behaviors and strategies to prevent transmission • Partner notification • Partner testing • Discuss referral for prevention services 	<p>85% of patient files have education and counseling documented in file at least 2x a year</p> <p>85% of patient files have documentation indicating consumers received education about the benefits of viral load suppression, including U=U</p>